

## TELEFAX COVER SHEET

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TO: Assistant Commissioner of Patents

FAX NO.: 703-872-9314

FROM: EAMON J. WALL

DATE: 7/31/02

MATTER: Serial No. 09/458,321 Filed: 12/10/99

DOCKET NO.: DIVA/040

APPLICANT: Yong Ho Son et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition  
☐ Disclosure Statement & PTO-1449  
☐ Priority Document  
☐ Drawings (\_\_\_\_ sheets) informal  
☒ Amendment

☐ Transmittal Letter (2 copies)  
☒ Fee Transmittal (2 copies)  
☐ Deposit Account Transaction  
☒ Facsimile Transmission Certificate  
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|  |                        |                |
|--|------------------------|----------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 09/458,321     |
|  | Filing Date            | 12/10/99       |
|  | First Named Inventor   | SON            |
|  | Group Art Unit         | 2611           |
|  | Examiner Name          | Srivastava, V. |
| Total Number of Pages in This Submission   | Attorney Docket Number | DIVA/040       |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |  | The Commissioner is authorized to charge any underpayment or credit any overpayment of fees (including but not limited to any extension fees pursuant to 1.136(a)) to Applicants' attorneys' Deposit Account No. 20-0792. A duplicate copy of this transmittal is attached.  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                |
|-------------------------|--------------------------------|
| Firm or Individual name | Eamon J. Wall, Reg. No. 39,414 |
| Signature               | <i>E J Wall</i>                |
| Date                    | <i>7/31/02</i>                 |

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